٠. [
ľŲ
IJ
M
ľø.
ľŲ
Ħ
15
E. 4.9
F. E. A. J.
A. P. S. P. C. A. J.
South the state of the same in

Please type	a plus sign	(+) inside this box	$\rightarrow$	$\blacksquare$
-------------	-------------	---------------------	---------------	----------------

PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

## **DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION** (37 CFR 1.63)

☑ Declaration Submitted with Initial Filing

OR

☐ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Num	ber K35A0768		
First Named Inventor	LOUIS ARQUIE		
COMPLETE IF KNOWN			
Application Number	/ UNKNOWN		
Filing Date	HEREWITH		
Group Art Unit	UNKNOWN		
Examiner Name	UNKNOWN		

As a below named inventor, I hereby declare that:					
My residence, mailing address, and citizenship are as stated below next to my name.					
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:  METHOD FOR DISTINGUISHING BETWEEN SINGLE AND MULTIPLE CONNECTIONS IN A NETWORK TOPOLOGY					
	/7	itle of the Invention)			
the specification of which	( )	ide or are invertaorij		ļ	
_ <u>-</u> :					
is attached hereto OR		14-4 1	D4-4 A	skund on an BOT later of	
		as United :	states Application i	Number or PCT International	
☐ was filed on (MM/DD/YYYY)				(if applicable).	
Application Number	and was a	mended on (MM/DD/Y	$\sim$	( appoub.o).	
L <u>-</u>			•		
I hereby state that I have reviewe			entified specification	n, including the claims, as	
amended by any amendment spe	cifically referred to above	æ.			
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.					
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of					
certificate, or 365(a) of any PCT	international application	which designated at le	east one country of	ther than the United States of	
America, listed below and have	also identified below,	by checking the box,	any foreign applic	ation for patent or inventor's	
certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.					
Prior Foreign Application				, -	
Number(s)	Country	(MM/DD/YYYY)	Not Claimed	YES NO	
			1		
			1		
			1 15 1		
☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:					
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.					
Application Number(s) Filing Date (MM/DD/YYYY)			al provisional application		
0/228,516   08/28/2000   Additional provisional all numbers are listed on a					
			supplemental priority data sheet		
		ļ	PTO/SB/02B attached hereto.		

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

The Hard Land Control and the second control

Please type a plus sign (+) instantial box —> L+ PTO/SB/01 (10-00)

Approximately provided the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

## **DECLARATION** — Utility or Design Patent Application

1 litect all correspondence to:	customer Numb r Bar Code Lat		2633	32	OR	Correspondence a	ddress below
Name							
Address							
Address							
City				State		ZIP	
Country	Te	elephone	9			Fax	
I hereby declare that all statements made are believed to be true; and further that made are punishable by fine or imprisor validity of the application or any patent is	t these statem nment, or both	ents wer	e made wi	th the kn	owledge that willfi	ul false statements	s and the like so
NAME OF SOLE OR FIRST INV	ENTOR:			A petiti	on has been fil	ed for this unsi	gned inventor
Given Name (first and middle [if any])	LOUIS			Family i		ARQUIE	
Inventor's Signature						3/2 Date	6/01
Residence: City CUPERTINO			State CA		U.S.A.	Citizenship	FRANCE
Mailing Address 7914 FESTIVAL	COURT						
Mailing Address							
City CUPERTINO	State	CA		ZIP	95014	Country	U.S.A.
NAME OF SECOND INVENTOR	:			A petiti	on has been fil	ed for this unsi	gned inventor
Given Name K (first and middle [if any])	ENNETH M			Family I		TURNER	
Inventor's Signature Date							
Residence: City BOULDER CREE	K		State C/	4	U.S.A. Country	Citizenship	USA
Mailing Address 1050 REBECCA DRIVE							
Mailing Address							
City BOULDER CREEK	State	CA		ZIP 9	5006	Country	U.S.A.
Additional inventors are being named		pplemer	ntal Addition	nal Inven	tor(s) sheet(s) PT0	D/SB/02A attached	d hereto.







Please type a plus sign (+) inside this box -> +

PTO/SB/01 (10-00)
Approved for use through 10/31/2002. OMB 0551-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number. **DECLARATION** — Utility or Design Patent Application **Customer Number** 26332 Correspondence address below or I Direct all correspondence to: or Bar Code Label Name **Address** Address ZIP State City Telephone Fax Country I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon □ A petition has been filed for this unsigned inventor NAME OF SOLE OR FIRST INVENTOR: **ARQUIE** Family Name LOUIS or Surname (first and middle [if any]) Inventor's Signature FRANCE U.S.A. CA **CUPERTINO** Citizenship State Residence: City 7914 FESTIVAL COURT **Mailing Address** Mailing Address 95014 U.S.A. CA **CUPERTINO** Country A petition has been filed for this unsigned inventor NAME OF SECOND INVENTOR: **Family Name TURNER** KENNETH M. Given Name or Surname (first and middle [if any]) Inventor's Signature USA U.S.A. CA **BOULDER CREEK** Citizenship State Residence: City 1050 REBECCA DRIVE **Mailing Address Mailing Address** U.S.A. 95006 CA **BOULDER CREEK** Country ZIP supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

[Page 2 of 2]

Additional inventors are being named on the





PTO/SB/81 (10-00)

Approved for use through 10/31/2002. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

## **POWER OF ATTORNEY OR AUTHORIZATION OF AGENT**

Application Number	UNKNOWN
Filing Date	HEREWITH
First Named Inventor	LOUIS ARQUIE
Group Art Unit	UNKNOWN
Examiner Name	UNKNOWN
Attorney Docket Number	K35A0768

I hereby appo	int:			
OR	ners at Customer Number	26332		Place Customer  Number Bar Code  Label here
Practition	ner(s) named below:			
	Name		Regi	stration Number
			_	
L		<u>-</u>		
oo mulaur attar	nov(a) or agent(a) to process	to the application	identified abo	we and to transact all
•	ney(s) or agent(s) to prosecu United States Patent and Tra	• •		
bacinede in the	Omica otateo i atom ana m	adomark Omoc oc	minected there	
				-
	the correspondence address		itified applicat	tion to:
The above-	mentioned Customer Numbe	r.		
OR				
Firm <i>or</i> Individual Na	ame			
Address				
Address				
City			State	Zip
Country				
Telephone			Fax	
I am the:				
Applicant/Inventor.				
Assignee of record of the entire interest. See 37 CFR 3.71.				
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).				
SIGNATURE of Applicant or Assignee of Record				
Name	LOUIS ARQUIE			
Signature				
Date 3/26/01				
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.				
*Total of 2	forms are submitted.			
TOTAL OF A TOTAL STEEL SUBMITTEE.				





Please type a plus sign (+) inside this box

PTO/SB/81 (10-00) Approved for use through 10/31/2002. OMB 0651-0035

U.S. Palent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

## POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	UNKNOWN	
Filing Date	HEREWITH	
First Named Inventor	LOUIS ARQUIE	
Group Art Unit	UNKNOWN	
Examiner Name	UNKNOWN	
Attorney Docket Number	K35A0768	

I hereby appo	pint:			
OR	oners at Customer Number 26332	Place Customer Number Bar Code Label here		
	Name	Registration Number		
L				
as my/our attor business in the	rney(s) or agent(s) to prosecute the application ion in the United States Patent and Trademark Office cor	dentified above, and to transact all nected therewith.		
	the correspondence address for the above-ident -mentioned Customer Number.	tified application to:		
Firm or				
Individual N	ame			
Address Address				
City		State Zip		
Country		State   Zip		
Telephone		Fax		
I am the:				
Applicar	nt/Inventor.	<i>,</i>		
Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).				
SIGNATURE of Applicant or Assignee of Record				
Name	KENNETH M. TURNER	· ·		
Signature				
Date	2 6 2 6 1			
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.				
Total of				
	· · · · · · · · · · · · · · · · · · ·			

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

MAR 29 '01 11:05

408 232 9869

PAGE.02